

**Supporting  
Statement for OMB  
Clearance Request**

**Appendix F1:  
Previously Approved  
Contact Update  
Letter**

**National Implementation  
Evaluation of the Health  
Profession Opportunity  
Grants (HPOG) to Serve  
TANF Recipients and  
Other Low-Income  
Individuals and HPOG  
Impact Study**

0970-0394

March 2017

*Submitted by:*  
Office of Planning,  
Research & Evaluation  
Administration for Children & Families  
U.S. Department of Health  
and Human Services

Federal Project Officer:  
**Nicole Constance**

## Appendix F1: Contact Update Letter and Form



OMB Control No. 0970-0394  
OMB approval expires XX/XX/XX

Abt Associates IRB Approval No. 0572  
Urban Institute IRB Approval No. 08592-100/110-00

<address>

January 13, 2021

Dear <first name>,

I am writing to ask you to confirm or update your address information for a research project on the Health Profession Opportunity Grants Program (HPOG) being conducted by Abt Associates and its subcontractors for the Administration for Children and Families (ACF), U.S. Department of Health and Human Services.

Recently, you applied to receive services through HPOG in your community or region: <HPOG name>. At that time, you agreed to participate in research that will help ACF evaluate the HPOG program. Thank you for agreeing to be part of this important study.

However, if you move during the next few months, we might not be able to reach you. We will contact you every 3-4 months until it is time to participate in the survey in order to update your contact information. We want to make sure that we have your correct email and/or street address so we can contact you next year for the follow-up survey. To make sure that our records are accurate, please verify your contact information in one of the following ways; we are enclosing \$2 to thank you for doing so:

- 1) **You may email any changes to: [evaluationsupport@abtassoc.com](mailto:evaluationsupport@abtassoc.com).** On the subject line please indicate your unique PIN <rid>. If there are no changes to your contact information please write, “no changes” and the PIN <rid> in the subject line.
- 2) **You may fill out the enclosed form with any updates to your phone number, address, or email and return it in the postage paid envelope.** If there are no changes to the information provided, please simply check the box that says “this is correct” and return it in the postage paid envelope.

This information will help us greatly when we attempt to contact you and will only be used for that purpose. Your continuing participation in this study is very important and greatly appreciated. Feel free to contact us if you have any questions about the HPOG study at toll-free 1-855-551-0919 or [evaluationsupport@abtassoc.com](mailto:evaluationsupport@abtassoc.com). Thank you for your time.

Sincerely,

**[PROJECT DIRECTOR SIGNATURE]**  
PROJECT DIRECTOR NAME  
Project Director of the HPOG Impact Study